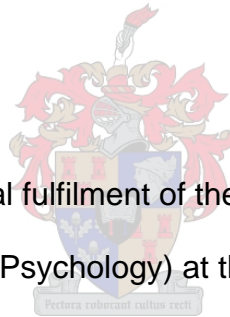


**BEYOND A MERE HAPPENING AGAINST THE CANVAS OF LIFE:
THE EXPERIENCE OF RESILIENCE IN RELOCATED FAMILIES**

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STATEMENT

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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Date

ABSTRACT

The present study chiefly aimed to explore, identify and clarify the role that familial capabilities, characteristics and resources (collectively referred to as resilience factors) play in cushioning the impact of relocation on the family unit and assisting the family to recover from this crisis. The study emanates from the salutogenic paradigm, focusing on resilience, rather than mere pathology. The main theoretical basis of this investigation resides in the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991). The study claims distinction in terms of its amalgamation of a combined cross-sectional survey research design and qualitative analysis in identifying and describing the critical familial resilience factors. Self-report questionnaires were completed by either a parent (husband or wife) or by both a parent and an adolescent child as representatives of the family. A total of sixty-eight families completed the questionnaires, including an open-ended question. The results identified (i) traits and abilities of individual family members, (ii) the family system's internal resources and support, (iii) familial integration and stability, (iv) the family unit's utilisation of their internal strengths and durability to manage problems outside of their boundaries, (v) social support, as well as (vi) a passive appraisal coping style amidst the crisis, as important resilience-enhancing resources. It is hoped that this information could be used to develop more effective, culture-bound therapeutic intervention programmes that may prevent problems, foster family resilience and affirm the reparative potential of families. In so doing, South African families in need may be supported, strengthened and empowered.

OPSOMMING

Hierdie ondersoek is gefokus op die identifikasie en beskrywing van gesinsvermoëns, eienskappe en hulpbronne (waarna gesamentlik verwys word as veerkragtigheidsfaktore) wat meewerk om die impak van hervestiging op die gesinseenheid te demp en bystand te lewer aan die gesin om van hierdie krisis te herstel. Die studie is gedoen vanuit die salutogeniese paradigma en plaas klem op veerkragtigheid, eerder as op patologie. McCubbin en Thompson (1991) se “Resiliency Model of Family Stress, Adjustment and Adaptation” is benut as teoretiese basis. ’n Dwarssnit opname-navorsingsontwerp is gebruik om kwantitatiewe en kwalitatiewe data te versamel en te ontleed in die identifisering en beskrywing van kritiese gesinsveerkragtigheidsfaktore. Selfrapporteringsvraelyste is voltooi deur òf ’n ouer (man of vrou) òf ’n ouer en adolessente kind, as verteenwoordigers van die gesin. Verteenwoordigers van 68 gesinne het vraelyste sowel as ’n oop vraag voltooi. Die resultate dui op (i) trekke en vermoëns van individuele gesinslede, (ii) die gesinsisteen se interne hulpbronne en ondersteuning, (iii) gesinsintegrasie en stabiliteit, (iv) die gesinseenheid se benutting van hul interne sterkpunte en duursaamheid om probleme buite die gesinsgrense te hanteer, (v) sosiale ondersteuning, sowel as (vi) ’n passiewe waarderingshanteringstyl temidde van die krisis, as belangrike veerkragtigheidskenmerke. Hierdie bevindinge kan gebruik word om meer effektiewe, kultuurgebonde terapeutiese intervensieprogramme te ontwikkel, wat probleme voorkom, gesinsveerkragtigheid fasiliteer en die herstellende potensiaal van gesinne bevestig. Op dié manier, kan gesinne wat hulle moet hervestig, ondersteun, versterk en bemagtig word.

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This is dedicated to all who embrace resilience, who *"like the top of a mountain, is the first to catch and reflect the dawn..."*

Henry Ford

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INTRODUCTION

Relocation is one of the most radical transitions and life changes a family can face, since familiar patterns of existence and relating to other people are dislocated (Bennett, Rigby & Boshoff, 1997; Lev-Wiesel, 1999; Munton & Forster, 1990; Shamai & Lev, 1999). It epitomises the axiom of symbolic “uprootedness”. It involves the breaking down of all that is known and familiar – a way of life as such – and results in intense feelings of uncertainty and the activation of coping strategies that would lead to either adaptation or maladaptation. Dohrenwend, Krasnoff and Askensay (quoted in Toliver, 1993) rate relocation high among their list of stressful life events. Lieberman, Menaghan, Mullan and Pearlin (quoted in Moyle & Parkes, 1999) suggest that humans are “fundamentally intolerant” of change; that change leads to a state of disequilibrium and that in the subsequent struggle to reach an equilibrium, the organism becomes vulnerable.

McCubbin (1995) defines a stressor (such as relocation) as an event, which causes difficulties and adversity for the family unit. Dealing with the specific stressor requires change on the part of the family. Where such change is not possible, a state of distress develops which imperils the stability of the family unit. Some of the potential stressors related to relocation include: alterations in financial status, loss of close relationships (Bennett *et al.*, 1997; Lev-Wiesel, 1999), new recreational and educational patterns for children, pressure to succeed in a new occupation, the establishment of new work relationships, housing problems, spouses’ employment, community involvements, fear of the unknown, a sense of isolation (Bennett *et al.*, 1997; Munton & Forster, 1990), new geography, new secondary relations (e.g. doctor, church) and finally, a new style of dress and language.

Given the stressful impact relocation has on the family, the following series of questions are posed: What exactly is resilience? Is resilience only an individual phenomenon or can it be displayed by groups and families? (Ganong, 2002). What gives a family the resilience to work through a crisis? Why is it that some families fall apart when faced with adversities, while others thrive and become stronger? What are the qualities of such resilient families? And how do these families establish and maintain these strengths? (Silberberg, 2001). In the light of the aforementioned, the present study chiefly aims to explore, identify and clarify certain factors, characteristics and resources (collectively referred to as resilience factors) in families who adapt well after certain stressful experiences, such as relocation.

The study of resilience among individuals is well established in psychology. However, according to Walsh (1996), the focus on individual resilience, most often in surviving dysfunctional families, has blinded researchers and clinicians to the resilience that could be found in families and fostered in couple and family intervention. Thus, resilience has only recently been conceptualised as a family level construct (Ben-David & Lavee, 1996; Hawley, 2000). There are various descriptions of family resilience in the literature. Basically, there are three dimensions that should be borne in mind when focussing on resilience, namely (i) overcoming the odds, (ii) sustaining competence under pressure and (iii) recovering from trauma. In general, resilience implies how families recover ('bounce back') after experiencing stress and adversity (Der Kinderen, 2000). More specifically, family resilience refers to the characteristics, dimensions, and features of families, which help them to be (i) resistant to disruption in the face of change and (ii) adaptive in the face of crisis situations (McCubbin & McCubbin, quoted in Hawley, 2000).

The notion of family resilience is of key interest to psychologists, because life crises and persistent stresses could derail the functioning of a family system, with ripple effects extending to all members and their relationships (Walsh, 2002). Furthermore, family resilience plays a large role in understanding family development and recovery under conditions that engender family deterioration and dysfunction (McCubbin, Thompson & McCubbin, 1996). Such conditions are prevalent in the South African context, yet minimal research on this topic has been conducted within our shores. Besides contributing towards knowledge of the construct in general, this study thus also aims to generate knowledge relevant to our unique context. The latter is of significant importance, since with relocation and migration, families are forced to abandon their ethnic heritage, which consequently results in a loss of identity (Walsh, 1993). This is because assumptions about the family life of one culture are frequently imposed on families from different cultures, thus overlooking the existing strengths and skills of a family (Silberberg, 2001). In other words, resilience factors within one culture do not necessarily apply to another culture. Keeping in mind the heterogeneity of the South African society in terms of the many different family structures and ways of family life, more research on the resilience of families across a wide cultural spectrum would provide insight in the influence of culture on the construct of family resilience.

The subject matter of both family resilience and relocation is especially valid to the South African context because of two overriding factors. Firstly, according to Barker (quoted in Hanks & Liprie, 1993), most pain is experienced at the family level. This holds particularly true for the African cultural heritage, which has generally encompassed a broader and nobler concept of family than that of its counterpart, the Western culture. Furthermore, Greeff (1995) expands on the importance of families

by defining it as the smallest functional unit of the community. The strengthening of families, lead to the strengthening of communities (and vice versa), since these entities have a reciprocal effect on one another. A community could, therefore, only be healthy if the families within that community are healthy.

Secondly – with regard to relocation – urbanisation, motivated by a search for work (Hanks & Liprie, 1993), has increased the movement of people from rural areas to cities and towns (Swartz, 1998). Related to the aforementioned, is the concept of globalisation and migration. Globalisation has led to the transcendence of boundaries. In this regard it should be borne in mind that the United States for example, is a country founded on immigration and mobility. As a result, according to Glick (1993), migration is in the process of replacing fertility as the most important demographic variable with regards to a country's population growth. And significantly, an increasing proportion of migrants are whole families or relatives intending to join family members who have already migrated. Migration takes place because of a variety of factors. In terms of the South African context, there was a rise in emigration around the 1994 elections, because of political uncertainty and general economic and other hardships such as high unemployment, high rates of crime and violence, rapid rises in cost of living, poverty, and so forth. A decade after the event, these factors still seem to act as strong “migrating motivators” for people in search of economic stability and a better quality of life for themselves and their families. Evidently, relocation through migration imposes special challenges on families. It is, therefore, suggested that, given the increasing family diversity and strains of social and economic upheaval, approaches based on the concept of family resilience and relocation are particularly relevant to our times and the South African context – not only for building strong families – but also for strong communities. We should never

forget that families bear the potential of being the best social welfare system there is (Silberberg, 2001).

Viewing families purely in pathological terms undermines the adjustment process and, therefore, a family's potential for repair and growth. The importance of the shift in perspective of the resilience approach from viewing distressed families as damaged, to seeing them as challenged (Cornille & Brotherton, 1993; Walsh, 1996) is emphasised by Minuchin and Fishman (1982). The authors warn that therapists have generally neglected those elements in families' culture, which bear the potential of becoming levers that could actualise and expand family members' behavioural repertory, if understood and utilised. The authors suggest that one should look beyond the labelling of psychological disorders to focussing on the strengths of the family – considering such strengths as the milieu of development and healing they epitomise. Cowen (1994) echoes the aforementioned and states that since its very beginnings, the focus and efforts of mental health have centred fixedly around (a) things that go wrong psychologically (i.e., psychopathology); (b) attempts to understand the processes by which they go wrong (pathogenesis); and (c) seeking better ways to repair things that have already gone wrong (e.g., psychotherapy). Historically, such efforts have overshadowed by far the fleeting glimpses the field has accorded to an intriguing, but directionally opposite, set of issues: What are the success factors in psychological development and adjustment, and what features underlie such positive outcomes? (Cowen, 1994).

This focus on wellness, rather than pathology, reflects the salutogenic paradigm within which this research is being conducted. First proposed by Anotovsky, the salutogenic perspective suggests that rather than focusing exclusively on pathology (as psychology traditionally has done) much may be learned from

examining those who remain healthy despite having been exposed to pathogens (Schwarzwald, Solomon & Waysman, 2001). Therefore, it suggests a focus on strengths and the origins of health, rather than on weakness and causes of illness. The paradigm of the present study thus operates from the viewpoint that in order to fully understand dysfunctional families, a strong focus on well functioning families is also necessary. Walsh (1996) expands on the abovementioned by stating that the concept of family resilience extends our understanding of normal family functioning, and offers a useful framework to identify and fortify key processes that enable families to surmount crises and persistent stresses.

The main theoretical basis of this investigation is the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991). According to McCubbin *et al.* (1996) family resilience theory emphasises the role that family characteristics, behaviour patterns and capabilities play in cushioning the impact of stressful life events and in assisting the family to recover from crises. The Resiliency Model is the most recent in a series of models on family resilience, which are grounded in Hill's pioneering ABCX model of family coping, formulated in 1949 (Shamai & Lev, 1999). Furthermore, it was also largely influenced by family stress theory, and its counterpart framework, family resilience theory. The Resiliency Model's unique contribution is based on four factors. It: (i) highlights the four major domains of family functioning critical to family recovery (these are interpersonal relationships; development, well-being and spirituality; community relationships and nature; and structure and function); (ii) introduces the goals of balance and harmony in the face of adversity; (iii) emphasises the importance of the levels of family appraisal that affects family recovery; and (iv) focuses on the significance of the family's relational processes of adjustment and adaptation (McCubbin *et al.*, 1996).

Within the Resiliency Model framework, resilience is viewed as involving two distinct but related family responses to stress – the adjustment phase and the adaptation phase. The adjustment phase involves the influence of protective factors in facilitating the family's ability and efforts to maintain its integrity, functioning, and to fulfil developmental tasks in the face of risk factors. With the advent of a family crisis (a state of family disorganisation) the family enters the adaptation phase. This requires the family to adapt to its new situation by changing its internal functions and structures in order to restore stability and achieve a family-environment fit (Der Kinderen, 2000). During this process the family uses (or fails to use) various resources from within and outside the family that fosters or hinders their adaptation process. The outcome of the adaptation process is either bonadaptation – successful adaptation implying an exit from crisis – or maladaptation – unsuccessful adaptation, remaining in crisis. According to the Resiliency Model (see Appendix A), families thus adapt by changing their pattern of functioning, legitimating these changes through modifying their family schema (i.e. the family's appraisal of their overall circumstances, its sense of manageability of life events and the sense of control that the family has over future life events) and situational appraisal (i.e. how families view the stressful situation largely influences how they will react to it) and by changing their relationship to the outside world (McCubbin *et al.*, 1996). The Resiliency Model is arguably the most noteworthy and comprehensive model on family resiliency to date. The model encourages professionals to recognise family resilience and the healing nature of family life, which – if identified and understood – could become focus points in intervention.

In summary, it is clear that in order to improve our ability to help families develop resiliency characteristics prior to an event or crisis, altering their

developmental trajectories and enabling them to rebound more quickly (Hawley, 2000), it is imperative that the functioning of resilience is better understood. This understanding is facilitated through theory and empirical research. Information on family resilience strengthens the conceptual base needed to frame treatment and preventative interventions for families at risk. It is hoped that this information may be used to develop more effective, culture-bound therapeutic intervention programmes that may prevent problems, foster family resilience and affirm the reparative potential of families. In so doing, South African families in need may be supported, strengthened and empowered, which emphasises not only the validity of research with a central focus on family resilience and relocation within the South African context, but also its imperativeness.

LITERATURE REVIEW

It is evident that resilience has become a topic of increasing interest to many researchers over the past decade. Yet, very little research has been conducted on relocation that focuses on the family unit. Most research in this regard is focused (fixedly) on the individual level, and relatively little psychological research exists even in this respect. In addition, most of this research focuses purely on the problems that are associated with relocation (Munton & Forster, 1990) with few studies being done from a salutogenic perspective. In this sense the current research project is both unique and called-for. In this section the focus will be on the limited empirical studies that have been conducted on relocation and family resilience. The aim is to establish gaps in the field and to identify areas in need of further research.

Walsh (1998) found that the nature of the relationships within a family is more important than the family structure when facing crises. This is supported in a study conducted by Munton and Reynolds (1995) where hypotheses from the Circumplex

Model of family functioning were tested with regard to geographic relocation. The authors concluded that family type was not a predictor of effective adjustment following relocation. In addition, Walsh (1998) identified the following key elements necessary for healthy family adjustment after crises: (i) acknowledging the family as an existing family structure, no matter what the crises, (ii) the family's ability to invest in other relationships and life goals, (iii) the acknowledgement and sharing of the consequences of the crises and (iv) open communication. Quality communication bears the potential of clarifying ambiguous situations, encouraging emotional expression and empathic response and fostering group problem solving. It is, therefore, signified in the literature as influential in facilitating resilience (Ben-David & Lavee, 1996; Mederer, 1998; Walsh, 1998; Walsh, 2002). In contrast, Ben-David and Lavee (1996) found that during stressful periods a reduction in communication could take place. The authors see this as a mechanism for avoiding explosive arguments and indicate its importance for preserving marital unity. Therefore, some avoidance of discussion of highly volatile issues may be effective in relationships when dealing with ongoing stress, such as periods demarcated by relocation (Ben-David & Lavee, 1996; Shamai & Lev, 1999). It is interesting to note that Shamai and Lev (1999) found in their qualitative and quantitative comparison of couples who choose to cope by ignoring, that they had a lower level of marital quality than those using other types of coping. They do acknowledge that repressing and ignoring may be functional to some extent in coping with long-term stress situations, but warn that it is necessary to assess its intensity and discover whether it detracts from the welfare and psychological well-being of the family. Conversely, Ben-David and Lavee (1996) contend that the reduction in communication could be ascribed to the families in question being largely in agreement about most issues. In this case, a strong sense

of togetherness and teamwork exists, aiding the strengthening of the relationships and better coping. This contentious topic certainly warrants further investigation.

Agreement among family members about important issues, therefore, seems to be an important factor when considering resilience. This agreement refers to solidarity in family organisation, which should be the hallmark coping style of the adaptive family, according to Reiss and Oliveri (quoted in Ben-David & Lavee, 1996). One of the features of agreement is that these families define problems as concerning the whole family, rather than only a particular individual. The aforementioned is supported by Silliman (1994) who identified important core traits of resilience, based on literature regarding family strengths. These so-called core traits include the following: commitment, cohesion, adaptability, spirituality, family time and coherence. Two of the most prominent familial resources identified by various researchers (Antonovsky, 1987; Antonovsky & Sourani, 1988; Aroian, 1990; Ben-David & Lavee, 1996; Bennett *et al.*, 1997; Hawley & De Haan, 1996; Hawley, 2000; Heath & Orthner, 1999; McCubbin & McCubbin, 1993; Mederer, 1998; Sagy & Antonovsky, 1998; Shamai & Lev, 1999; Silliman, 1994; Walsh, 1993; Walsh, 1996; Walsh, 1998; Walsh, 2002), include cohesion (the cluster/grouping of togetherness and bonding within a family) and adaptability (the family's ability to absorb adversity and successfully change direction). According to Aroian (1990), successful adaptation most likely occurs when the meaning of phenomena changes over time as individuals gain mastery over or transforms conditions that initially pose challenges for adaptation. She investigated the implications of migration on the emotional status of Polish immigrants to the U.S. and found that psychological adaptation required the dual task of (i) resolving grief over losses and disruption involved with leaving Poland and (ii) mastering resettlement conditions associated with relocation. Therefore, the

themes of agreement (solidarity), along with meaningful togetherness, communality and communication seem to act as important resilience indicators.

Economic resources have been found to buffer the family's experience of uprootedness and influence both adaptation and coherence (Bennett *et al.*, 1997; Mederer, 1998; Sagy & Antonovsky, 1998; Short & Johnston, 1997; Walsh, 1998). Socio-economic status is an important factor in determining healthy family adaptation and functioning, because it determines the capacity of the family to control and support children and other family members through a crisis situation. Furthermore, research has provided evidence that parental education has a direct bearing on the parents' ability to provide the family with adequate exposure to knowledge and problem-solving skills (Bennett *et al.*, 1997, Heath & Orthner, 1999; Sagy & Antonovsky, 1998).

Beavers and Hampson (1990), Ben-David and Lavee (1996), Shamai and Lev (1999), Smith (1999), Toliver (1993), Walsh (1993), Walsh (1998) and Walsh (2002), propose that cultural heritage and religious and spiritual beliefs prove pivotal in providing meaning and purpose in times of crisis. Religions are organised belief systems with shared moral values and beliefs and include involvement in a religious community (Wright, Watson & Bell, 1996). During times of loss, religion may help bind together the fragments of one's life, restoring some sense of coherence and meaning (Parrot, 1999). Spirituality, on the other hand, may be equated with internal values that provide a sense of meaning, inner wholeness and connection with others. Spirituality is a fundamental form of resilience in that it provides the individual with the ability to understand and overcome stressful situations (Angell, Dennis & Dumain, 1998). Park and Cohen (1992) reported that coping through religion resulted in less distress. Reed and Sherkat (1992) found that church attendance reduces depression

in a significant way by raising the self-esteem of individuals, although this occurred only if attendance enhanced social integration. Smith (1999) warns, however, that when an individual finds meaning in a crisis, and it is not shared by other important individuals in that person's life (such as family members) (Silberberg, 2001), it has the potential to damage the family's resilience. This is supported by Ben-David and Lavee (1996) who are of the opinion that a shared worldview/belief system serves as a unifying factor among family members.

Family resilience requires the ability to be flexible enough to counterbalance stability and change as family members go through crises and challenges (Walsh, 1998; Walsh, 2002). This manageability, however, is not only fostered by the family's ability to be flexible, but also by its ability to maintain set patterns of functioning. During times of crises, disruption in set patterns of functioning like rituals and daily routines could intensify upsetting situations and confusion. Various authors (Ben-David & Lavee, 1996; Cornille & Brotherton, 1993; Hawley & De Haan, 1996; Hochschild, 1997; McCubbin & McCubbin, 1993; Mederer, 1998; Settles, 1993; Silberberg, 2001; Walsh, 1998) found that cognitive/emotional role allocation, shared values, specified times for being affectionate (e.g. at bedtime), rituals (e.g. family lunches on Sundays) and shared family traditions (e.g. celebrating birthdays together) provide a sense of stability that could help a family manage the transitional upheaval. One of the major resources for family stability is sharing the memories of everyday life and important events. Settles (1993) describes the aforementioned as an "exodus story" shared between family members, involving mention of (i) who the family was; (ii) how they came; (iii) that which was promised; and (iv) how it was realised. Reviewing these family experiences and recalling the effect and impact on family interaction provides a source of meaning for the present (Settles, 1993). They

also provide a family with a sense of continuity over time by linking past, present and future through shared traditions and expectations (Walsh, 1998), giving a sense of security and substance to daily events (Settles, 1993). According to Silberberg (2001), these shared values are communicated to and learned from other family members.

Traditionally, the extended family, close friends and social networks have been viewed as a source of concrete services, advice, support, companionship and relief, and the available evidence suggests that it continues to function as a primary source of aid. It serves as the foundation for vital community connection, providing a sense of security and solidarity to the family's depleted resources. The presence of a support system (whether formal or informal) that is accessible to the family is a significant factor in the prevention and amelioration of functional problems and remains one of the most significant predictors of successful coping (Bennett *et al.*, 1997; Berlin, Brooks-Gunn, Leventhal & Fuligini, 2000; Cornille, 1993; Cornille & Brotherton, 1993; Garvin, Kalter & Hansell, 1993; Gordon Rouse, Longo & Trickett, 2000; Jurich, Collins, & Griffin, 1993; Kemp, 2000; Rutter, 1987; Settles, 1993; Silberberg, 2001; Toliver, 1993; Van Breda, 1988; Walsh, 1998). Generally, the distinction is made between formal support systems, consisting of professionals, community agencies, and institutions, and informal systems comprised of neighbours, friends, and relatives. Jurich *et al.* (1993) is of the opinion that informal helping networks are of crucial importance to the adjustment of the relocated family. It is in the realm of the informal helping system that the family feels most comfortable. In relation to the aforementioned, Lev-Wiesel (1999) and Shamaï and Lev (1999) suggests that the quality of the marital relationship could also be considered as a coping resource, because marriage is a social network in which one expects to

obtain support from his/her partner. Moreover, Wamboldt, Steinglass, and De-Nour (quoted in Lev-Wiesel, 1999) found that spouses' coping abilities were crucial to the adjustment of the entire family before and after the relocation. There are, however, contradictory findings regarding the significance of this specific social network, which warrants further investigation.

Community activities and religious affiliation, such as participation in church activities, social clubs, and community outreach programmes, foster family well-being and acculturation, by linking some aspects of the old culture while, at the same time, establishing linkage groups with the new culture (Cornille & Brotherton, 1993). Reed and Sherkat (1992) have found that the opportunity for, and the utilisation and quality of social support, significantly enhance self-esteem and reduce depression. Having someone available when one needs support, makes the future appear more hopeful; whilst being satisfied with the support received promotes positive feelings. The aforementioned corresponds with findings by Toliver (1993), who identified three factors contributing to the formation of new friendships and new social networks. These include (i) the existence of factors, such as "informal networks", (ii) membership and participation in civil, social and fraternity organisations and (iii) participation in organised belief- and church activities. Furthermore, while mobility reduces face-to-face contacts with important kin, this reduction does not affect identification with these relations. Modern communication systems have mediated contact between important sources of support, despite geographical separation. In short, community involvement aids meeting new people, building new informal support systems, discovery of resources, such as entertainment and relaxation activities (Mederer, 1998; Toliver, 1993) and finally, it aids integration into the new community.

In her study on the relocation of families in the USA, Kemp (2000) focused on strength factors that contribute to adaptation. Kemp (2000) found that there are six resilience characteristics that help families adapt to their new environment. These six resilience characteristics include (i) humour (this characteristic leads to a release of stress and stress relief builds resilience) (Kemp, 2000; Walsh, 1993), (ii) creativity (the ability to see some possibility in everything), (iii) tolerance for change (this may help build resilience), (iv) progress perspective (a positive and progress-orientated perspective feeds the senses of both humour and creativity), (v) understanding expectations (this characteristic requires a thorough understanding of the different expectations of important units within the family and community), and finally (vi) family support (a strong support network contributes to family resilience). Toliver (1993) described the aspect of expectations. Her results indicated that adjustment related to relocation, goes hand-in-hand with the perception of the family, which is created by (i) previous experience, (ii) the perceptions of friends and finally, (iii) that which has been heard or read about relocating to a specific area. As McCubbin *et al.* (quoted in Cornille, 1993) described, the meaning attributed to relocation has a substantial influence on the outcome. If the move is seen as symbolic of the disruption of the family, additional obstacles may be expected. Ben-David and Lavee (1996) focus on this process of reality construction and state that it involves a process of familial redefinition with regard to the changing situation, examination of the worldview and belief systems of its members in relation to the environmental reality, and the accomplishment of various adjustments within familial relationships, support systems, social embeddedness, extended family, and community.

As demonstrated, relocation through migration imposes special challenges on families. Migrants may use a variety of coping strategies to facilitate their adaptation

to relocation. Interesting patterns of resilience came to the fore in Walsh's (1993) study on Irish Catholic families now residing in America. Walsh (1993) found that these families had coped during difficult times by holding on to their religion and valuing their humour highly. In another study, focussing on Jewish families now residing in the USA, it was found that these families are able to cope because of their strong family orientation, their strong sense of family togetherness, their strong bonds in marriage and their valuing of children. Similarly, during the study of Italian families who had migrated to America, it was found that the Italians gave high priority to their immediate family. Family life is their primary orientation and it is seen as the greatest resource and protection against all problems. This orientation however, goes hand-in-hand with a distrust of outsiders (Walsh, 1993). Finally, Walsh (1993) studied black people who had migrated to America. Similar to the Irish Catholic families, their religion and their community were the most important factors that helped these families cope during difficult times and in which they found their support. Their children also seemed to play an extremely important role in family resilience.

Bennett *et al.* (1997), in one of the very few and thus highly welcome South African studies, found that the most commonly used coping strategies employed by relocated families were (i) accommodation (i.e. the adaptation of desires to meet the situation) and (ii) the changing of the situation (i.e. attempts at bringing the situation in line with desires). According to Bennett *et al.* (1997) the latter coping strategies are more likely to lead to successful psychological adaptation and integration within the new community. Families using these coping strategies were more likely to devalue or avoid problems and tried more directly to improve their own welfare. The authors thus suggest that it is necessary to take into account the degree of control that relocated families feel they have over the relocation process, since this could

influence the coping strategies employed to address problems associated with the transition. The aforementioned is supported by Cornille (1993) and Drapeau, Samson, and Saint-Jaques (1999). These authors identified family members' perceived control over a situation as the core factor in research on resilience. Perceived control is defined as family members' belief in their ability to determine their internal emotional states and behaviour, in addition to their influence on the environment, just as the environment has an influence on them. Drapeau *et al.* (1999) indicates that the greater a family's perception of control over a situation, the more likely the family is to be resilient. A feature of perceived control includes adequate preparation with regard to relocation. Cornille (1993) stresses the importance of allowing sufficient preparation in order to reduce the element of surprise when confronted with a move.

No family is problem-free. As such, daily stresses, misfortunes and adversity in varying degrees affect all families. By identifying and promoting those constructs, which enhance the family's ability to bounce back from these stressful times, the reparative potential of families is affirmed. By understanding key processes, clinicians may mobilise untapped resources, enabling distressed families to cope more effectively and rebound strengthened through their mutual support and collaboration.

METHOD

A combined cross-sectional survey research design and qualitative analysis was utilised to identify and describe critical family resilience factors. This approach enables the exploration and examination of differences between families as they encounter crises and does not propose to track change over time. Self-report

questionnaires were completed by either a parent (husband or wife) or by both a parent and an adolescent child as representatives of the family.

Participants

Fourth year postgraduate psychology students at the University of Stellenbosch, who were enrolled for the Family Psychology module in 2002 and 2003, had to identify and approach a recently relocated family. To be eligible for participation, families were required to meet two basic inclusion criteria:

- relocation had taken place between one and four years ago;
- at least one family member was presently still attending school.

Those students who were unable to identify such a family asked either their family or friends to help them to find such a family. A total of 68 families participated in this investigation. Of the participating families 60% were Afrikaans speaking, 37% were English speaking and 3% of the participants spoke a language other than Afrikaans or English. The majority of the interviewed family members were female (82%), while 18% were male. The mean age of the participating parents was 45 (SD=6.5). Of the participating adolescents, 71% were girls and 29% were boys. The average age of the adolescents was 17 (SD=2.6). There were an average of 2.5 children per family (SD=1.0).

Measuring instruments

A **biographical questionnaire** was compiled, consisting of demographic questions (gathering information regarding family composition, employment, level of education, income, age and gender of the respondent's nuclear family members). Participants were also expected to complete an additional seven questionnaires, namely the Social Support Index, the Relative and Friend Support Index, the Family Problem Solving Communication Index, the Family Hardiness Index, the Family Crises

Oriented Personal Evaluation Scales, the Family Attachment and Changeability Index 8 and the Family Time and Routine Index. The questionnaire also included an open-ended question requesting the participant's opinion on which factors or strengths they believed helped their family through the stressful period. Therefore, the study integrated quantitative as well as qualitative approaches in understanding the dynamics of resilience in relocated families.

The **Social Support Index** (SSI), developed by McCubbin, Patterson and Glynn (McCubbin *et al.*, 1996) was used to evaluate the degree to which families are integrated into the community and views the community as a source of support (McCubbin, McCubbin & Thompson 1993). This scale consists of 17 statements, which are rated on a five point Likert scale (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree). A split-half analysis was carried out in this study, with the correlation between the first and second half measured at .72 (Cronbach's alpha). It has a test-retest reliability of .83, and a validity coefficient (correlation with criterion of family well-being) of .40 (McCubbin *et al.*, 1996).

The **Relative and Friend Support Index** (RFS) developed by McCubbin, Larsen and Olson, was used to measure the degree to which families use relative and friend support as a coping strategy to manage stressors and strains (McCubbin *et al.*, 1996). This scale consists of eight items, relating to sharing problems or seeking advice from neighbours or relatives, each requiring a response on a 5-point Likert rating-scale (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree). The scale has a validity coefficient [correlation with the original Family Crisis Oriented Personal Evaluation Scales (F-COPES)] of .99 (McCubbin *et al.*, 1996), and an internal reliability measured in the present study at .79 (Cronbach's alpha).

The **Family Problem Solving Communication Index** (FPSC) developed by McCubbin, McCubbin and Thompson (McCubbin *et al.*, 1996) was utilised in the present study to assess the two dominant patterns in family communication. The FPSC is a 10-item instrument. Each item is rated on a four-point Likert scale (False, Mostly False, Mostly True, True). The instrument consists of two five-item subscales, Incendiary Communication and Affirming Communication. Incendiary Communication refers to the pattern of family communication that is inflammatory in nature and tends to exacerbate a stressful situation. Affirming Communication on the other hand, refers to the pattern of family communication that conveys support and caring and exerts a calming influence (McCubbin *et al.*, 1996). The alpha reliability for the FPSC instrument is .89. Incendiary Communication has an alpha reliability of .78 and Affirming Communication has an alpha reliability of .86. Construct validity was confirmed through two independent factor analyses with identical factor structures emerging for Incendiary and Affirming Communication. Concurrent validity was confirmed through the correlations of the Family Problem Solving Communication Index with other established criterion measures of family functioning, namely family hardiness, family cohesion, family system distress, and self actualisation (McCubbin & Thompson, quoted in McCubbin *et al.*, 1996). The test-retest reliability for the subscales and overall FPSC is .86 (McCubbin *et al.*, 1996).

The **Family Hardiness Index** (FHI) developed by McCubbin *et al.* (1993) was used to measure the internal strengths and durability in the family unit. Hardiness refers to a sense of control over the outcomes of life events and hardships, as well as an active, rather than a passive, orientation in adjusting to and managing stressful situations. This scale consists of 20 items, which aim to measure the characteristics of hardiness in mitigating the effects of stressors and demands, facilitating

adjustment and adaptation over time (McCubbin *et al.*, 1996). The scale consists of three sub-scales (commitment, challenge, and control) that require participants to assess on a 5-point Likert rating scale (False, Mostly False, Mostly True, True, Not Applicable) the degree to which each statement describes their current family situation. The Commitment subscale measures the family's sense of internal strengths, dependability and ability to work together. The Challenge subscale measures the family's efforts to be innovative, active, to enjoy new experiences and to learn. The Control subscale measures the family's sense of being in control of family life rather than being shaped by outside events and circumstances. The Internal reliability (Cronbach's alpha) of the Family Hardiness Index is .82, and the validity coefficients ranging from .20 to .23 with criterion indices of family satisfaction, time and routines, and flexibility (McCubbin *et al.*, 1996).

The **Family Crises Oriented Personal Evaluation Scales** (F-COPES) was used to identify the problem solving and behavioural strategies utilised by families in crisis situations (Olson *et al.*, 1985). F-COPES consist of 30 5-point Likert-type items (Strongly Disagree, Moderately Disagree, Neither Agree nor Disagree, Moderately Agree, Strongly Agree). The scale consists of five subscales that are divided into two dimensions namely: (1) internal family coping strategies and (2) external family coping strategies. The former defines the way in which crises are managed by using support-resources inside the nuclear family system. The latter refers to the active behaviour that a family adopts to elicit support-resources outside the nuclear family system (Olson *et al.*, 1985). The internal strategies are: (1) reformulation or redefining the problem in terms of the meaning it has for the family (positive, negative, or neutral) (Cronbach Alpha = .64) and (2) passive appreciation (the family's tendency to do nothing about crisis situations based on a lack of confidence

in own potential to change the outcome) (Cronbach Alpha = .66). The external strategies are: (1) use of social support, for example friends (Cronbach Alpha = .74), family members (Cronbach Alpha = .86) and neighbours (Cronbach Alpha = .79); (2) the search for religious support (Cronbach Alpha = .87); and (3) the mobilisation of the family to obtain and accept help (for example professional help and utilisation of community resources) (Cronbach Alpha = .70). A test-retest reliability coefficient of .71 was obtained after five weeks, and an internal reliability coefficient (Cronbach Alpha) of .77 for the total scale (Reis & Heppner, 1993). The construct reliability of the questionnaire was proven with a factor analysis and a varimax-rotation of the axes. Five factors were isolated with the items' factor loadings between .36 and .74. All five factors had Eigen-values larger than one (Olson *et al.*, 1985).

The ethnically sensitive **Family Attachment and Changeability Index 8** (FACI-8), adapted by McCubbin, Thompson and Elver (McCubbin *et al.*, 1996) was utilised with the goal of measuring family adaptation. The FACI8 is a 16-item scale, consisting of a 6-point Likert scale (Never, Sometimes, Half the Time, More Than Half, Always, Not Applicable). The FACI8 consists of two subscales, Attachment and Changeability (McCubbin *et al.*, 1996). The Attachment subscale is an 8-item scale designed to determine the strength of family members' attachment to each other. Conversely, the 8-item Changeability subscale determines how flexible the family members are in their relationships with each other. Designed to be administered to both parents and youth, the internal reliability (Cronbach's alpha) for the youth on the Attachment scale is .73. The internal reliability for the youth on the Changeability scale is .80 (McCubbin *et al.*, 1996). The internal reliability for the parents on the Attachment scale in the present study was measured at .75 (Cronbach's alpha). The internal reliability for the parents on the Changeability scale was measured at .78.

Validity of the instrument was established by conducting chi square analysis. The test-retest reliabilities for FACI8, when administered 6-12 months apart, are statistically significant and vary with a low of .26 to a high of .48 indicating the validity of the scale to assess program effects and change. The test-retest reliability for the youth on the Changeability scale is .26, and .32 on the Attachment scale. The test-retest reliability for the parents on the Changeability scale is .48, and also .48 on the Attachment scale (McCubbin *et al.*, 1996).

The **Family Time and Routine Index** (FTRI) developed by McCubbin, McCubbin and Thompson (McCubbin *et al.*, 1996) was employed to assess the type of activities and routines families use and maintain and the value they place upon these practices. The FTRI is a 30-item scale, consisting of eight subscales, Parent-Child Togetherness, Couple Togetherness, Child Routines, Meals Together, Family Time Together, Family Chores Routines, Relatives Connection Routines, and Family Management Routines. The scale calls for a participant's assessment on a 4-point Likert rating scale (False, Mostly False, Mostly True, True) the degree to which each statement describes their family behaviour. Additionally, the scale calls for an assessment of the degree to which the participant values (views as important) the routine listed. The Parent-Child Togetherness subscale measures the family's emphasis on establishing predictable communications between parent and children and adolescents. The Couple Togetherness subscale measures the family's emphasis on establishing predictable routines to promote communication between couples. The Child Routines subscale measures the family's emphasis on establishing predictable routines to promote a child/teen's sense of autonomy and order. The Family Togetherness subscale measures the family's emphasis on family togetherness to include special events, caring, quiet time and family time. The Family

Chores subscale measures the family's emphasis upon establishing predictable routines to promote child and adolescent responsibilities in the home. The Meals Together subscale measures the family's efforts at establishing predictable routines in promoting togetherness through family mealtimes. The Relatives Connection subscale measure the family's effort to establish predictable routines to promote a meaningful connection with relatives. The Family Management Routines subscale measures the family's efforts to establish predictable routines to promote a sense of family organisation and accountability needed to maintain family order (McCubbin *et al.*, 1996). The overall internal reliability for Family Time and Routines (FTRI), as measured in the current study, is .84 (Cronbach's alpha). A reasonable set of tests to validate the measure of Family Time and Routines includes the systematic examination of the association between Family Time and Routines and other criterion indices of family strengths, namely family bonding (i.e., family cohesiveness), family coherence (i.e., family sense of order and trust), family celebrations (i.e., family efforts to acknowledge special family events and transitions) as well as with indices of family satisfaction, marital satisfaction, and community satisfaction. The hypotheses were confirmed. There are no additional studies to report test-retest reliability at this time (McCubbin *et al.* 1996).

A **qualitative data analysis** was employed to assess the subjective perception of specific resilience factors amongst the relocated families. This provided participants with an opportunity to speak for themselves. Allen (quoted in Arditti, 1999) is of the opinion that when participants do not speak for themselves, researchers may misconstrue their experiences. This bears the potential of robbing explanations of methodological, emotional, theoretical and practical depth. Therefore, the qualitative analysis served the purpose of expanding the understanding of the

participants' experience of the complex and variable phenomenon of relocation. A semi-structured interview was devised. The question focused on participants' opinions on which factors or strengths they believed helped their family through the stressful period of relocation. A grounded theory approach was utilised. The first stage in this process involved the annotation of categories or themes to the interview transcripts, through the detailed reading and re-reading of the interviews (Strauss & Corbin, 1998) in order to generate explanations of why these families were so resilient in the face of such adversity. All the data relevant to each category were identified and examined using a process of constant comparison, in which each item was checked or compared with the rest of the data to establish analytical categories (Strauss & Corbin, 1998). This stage of analysis pointed to two broad groupings of factors that could be said to mediate resilience, namely internal and external resources.

Procedure

Each of the 68 families were contacted by phone or visited at home. After the aim of the research project was explained to the participants, they were asked whether their family would be willing to participate. In cases where the family could not or did not wish to participate, an alternative family was identified and approached. Appointments were scheduled to visit the families, with the central aim focused on the required data collection. The family visits involved (i) the evaluation of the family by means of a semi-structured interview and the completion of the necessary questionnaires (independently by a parent and a child), as well as (ii) the provision of requested feedback. During the visits the confidentiality of the information and the anonymity of the participants were re-emphasised. The aim and method of the

investigation was explained and participants were invited to ask questions should anything be vague.

At the outset, participants were requested to respond to the open-ended question. Once these responses were obtained, questionnaires were given to the participant to be completed in the presence of the student researcher. With the exception of a few participants who had queries about one or two items, most were able to complete all the questionnaires with relative ease within 30 to 50 minutes. Several of the families asked whether they could obtain feedback at a later date about their results, which was concluded in due course. After the participant was thanked for his/her contribution, the conversation was terminated and the student researcher departed. With the assistance of specific guidelines, the questionnaires were scored by the student researcher, and reviewed by a fellow student for accuracy.

RESULTS

Results obtained from the participants via the open-ended question, as well as the completion of the seven questionnaires, indicated that there was a significant correlation between family adaptation (i.e., attachment and changeability) and several potential resiliency variables. In a number of instances differences in parental and adolescent identified resiliency factors were obtained, supporting existing theories and previous research on resilience (McCubbin *et al.*, 1996; Vercruysse & Chandler, 1992).

Collective parental and adolescent responses to the open-ended question enquiring about the most important factors or strengths that the family utilised in helping them through the stressful period, were summarised. Responses implying recovery attempts by the family, or which were identified as supportive, recovery-

enhancing resources, were identified and organised into common themes. Two main categories came to the fore, namely: internal resources (inclusive of all the support obtainable within the immediate family) and external resources (inclusive of all the support the family obtained from outside of its immediate boundaries). Each category consisted of seven common themes. The frequency of responses within each thematic group was recorded and is reported in Table 1.

Table 1

Internal and External Coping Resources as Reported by the Families (N = 68)
(Parent and adolescent combined)

INTERNAL RESOURCES	FREQUENCY	PERCENTAGE
Intrafamilial support – (emotional and practical support amongst the family members)	58	85 %
Individual characteristics – (personality, sense of humour, self support, reaching out to others, an acceptance of the situation and a positive attitude)	45	66%
Open and honest communication	30	44 %
Family's sense of cohesion	28	41 %
Maintaining family rituals and participation in house chores	19	28 %
Financial resources	10	15 %
Quality couple relationship	7	10 %
EXTERNAL RESOURCES	FREQUENCY	PERCENTAGE
Social support – (extended family and friends)	49	72 %
Religion and spirituality – (activities and beliefs)	40	59 %
Career – (job, school, colleagues)	24	35 %
Environmental characteristics – (familiarity with and knowledge regarding the environmental characteristics, including security and safety, shared values and culture)	23	34 %
Community support	9	13 %
Other	8	12 %
Professional support – (e.g. psychologists, clergy)	3	4 %

The qualitative analysis of participants' responses to the open-ended question indicated that within the boundaries of the surviving family, intrafamilial assistance, such as emotional and practical support amongst the family members, were the primary resource that helped them cope with the relocation. The latter seemed to be mediated by individual characteristics, such as family members' personality characteristics and attitudes. Support from extended family members and friends were reported as the primary coping resource outside the boundaries of the family, closely followed by religious and spiritual beliefs and activities.

Pearson product-moment correlations were calculated to determine the relationships between the participants' sense of family adaptation (FACI8) and potential resiliency variables. These correlation coefficients are presented in Table 2.

Table 2

Pearson Product-moment Correlations between Family Adaptation (FACI8) and Potential Resiliency Variables

VARIABLE	PARENTS (N = 68)		CHILDREN (N = 35)	
	r	p	r	p
<u>Social Support Index (SSI)</u> (the degree to which families find emotional, esteem, and network support within their communities)	0.02	0.85	0.35	0.04*
<u>Relative and Friend Support (RFS)</u> (the family's ability to utilise relative and friend support to manage stressors and strains)	0.18	0.14	0.35	0.04*
<u>Family Problem Solving Communication (FPSC)</u>				
Incendiary Communication – (the pattern of family communication that is inflammatory in nature and tends to exacerbate a stressful situation)	-0.02	0.89	-0.01	0.94
Affirming Communication – (the pattern of family communication which conveys support and caring and exerts a calming influence)	0.44	< 0.01*	0.18	0.31
Total FPSC score	0.28	0.02*	0.15	0.40
<u>Family Hardiness Index (FHI)</u>				
Commitment - (family's sense of internal strengths, dependability, and ability to work together)	0.50	< 0.01*	0.62	< 0.01*
Challenge – (family's efforts to be innovative, active, to experience new things and to learn)	0.44	< 0.01*	0.61	< 0.01*
Control – (family's sense of being in control of family life rather than being shaped by outside events and circumstances)	0.14	0.26	0.28	0.10
Total FHI score	0.46	< 0.01*	0.67	< 0.01*
<u>Family Crises Oriented Personal Evaluation Scales (F-COPES)</u>				
Reframing – (family's capability to redefine stressful events in order to make them more manageable)	0.12	0.33	0.33	0.06
Passive appraisal – (family's ability to accept problematic issues minimising reactivity)	0.25	0.04*	-0.04	0.83

Table 2 (continued)

VARIABLE	PARENTS (N = 68)		CHILDREN (N = 35)	
	r	p	r	p
Social support – (family's ability to actively engage in acquiring support from relatives, friends, neighbours and extended family)	0.19	0.13	0.54	< 0.01*
Mobilisation – (family's ability to acquire community resources and accept help from others)	0.17	0.18	0.19	0.29
Total F-COPES score	0.32	0.01*	0.43	0.01*
<u>Family Time and Routine Index (FTRI)</u>				
Family Management – (family's efforts to establish predictable routines to promote a sense of family organisation and accountability needed to maintain family order in the home)	0.17	0.17	0.31	0.07
Family Chores – (family's emphasis upon establishing predictable routines to promote child and adolescent responsibilities in the home)	0.25	0.05*	0.31	0.07
Relative's Connection – (family's effort to establish predictable routines to promote a meaningful connection with relatives)	0.25	0.05*	0.16	0.37
Family Togetherness – (family's emphasis on family togetherness to include special events, caring, quiet time and family time)	0.45	< 0.01*	0.27	0.12
Parent-Child Togetherness – (family's emphasis on establishing predictable communications between parents, children and adolescents)	0.38	< 0.01*	0.39	0.02*
Meals Together – (family's efforts to establish predictable routines to promote togetherness through family mealtimes)	0.15	0.24	0.18	0.31
Couple's Togetherness – (family's emphasis on establishing predictable routines to promote communication between couples)	0.21	0.08	-0.01	0.97
Child Routines – (family's emphasis on establishing predictable routines to promote child/teen's sense of autonomy and order)	0.14	0.25	0.15	0.41
Total FTRI-Family score	0.36	< 0.01*	0.31	0.08

Table 2 (continued)

VARIABLE	PARENTS (N = 68)		CHILDREN (N = 35)	
	r	p	r	p
Parental Respondent's Age	-0.12	0.36	-0.41	0.02*
Other Parent's Age	-0.17	0.19	-0.44	0.01*
Years Married	-0.07	0.56	-0.31	0.07
Child Respondent's Age	0.25	0.18	-0.23	0.21
Child Age (Eldest)	-0.10	0.45	-0.40	0.02*
Child Age (Youngest)	0.05	0.72	-0.31	0.09
Number of Children in family	-0.21	0.10	-0.29	0.10
Parental Qualification	0.04	0.75	0.08	0.67
Partner's Qualification	0.09	0.47	0.07	0.70
Income	-0.04	0.78	0.11	0.51

*p<0.05

It follows from Table 2 that there were twelve variables with regard to the parental statistics and eleven variables pertaining to the adolescents' statistics that had a significant correlation with the dependent variable, family adaptation, as measured with the FACI8. Parental family adaptation (FACI8) was fostered by the resiliency variables of: (1) Affirming Communication (Family Problem Solving Communication), (2) the total score of the Family Problem Solving Communication, (3) Commitment (Family Hardiness Index), (4) Challenge (Family Hardiness Index), (5) the total Family Hardiness Index score, (6) Passive Appraisal (Family Crises Oriented Personal Evaluation scales), (7) the total Family Crises Oriented Personal Evaluation Scales score, (8) Family Chores (Family Time and Routine Index), (9) Relative's Connection (Family Time and Routine Index), (10) Family Togetherness (Family Time and Routine Index), (11) Parent-Child Togetherness (Family Time and Routine Index), as well as (12) the total Family Time and Routine Index score.

For the adolescents on the other hand, family adaptation (FACI8) was significantly positively correlated with: (1) the Social Support Index score, (2) the Relative and Friend Support score, (3) Commitment (Family Hardiness Index), (4) Challenge (Family Hardiness Index), (5) the total score of the Family Hardiness Index, (6) Social Support (Family Crises Oriented Personal Evaluation Scales), (7) the total Family Crises Oriented Personal Evaluation Scale score, (8) Parent-Child Togetherness (Family Time and Routine Index), (9) the Parental Respondent's Age, (10) the Other Parent's Age and (11) significantly negatively correlated with the Age of the Eldest Child.

A regression analysis was introduced with the aim of fitting a predictive model to the data in order to predict values of the dependent variable (outcome) from various combinations of independent variables (predictors). Two separate regression analyses were conducted for the parents and children respectively, with the aim of determining which combination of variables contributed to family adaptation (FACI8) in the face of relocation. The best subsets regression techniques were used to select the optimal set of variables to be included in the model. A safeguard against multicollinearity (correlated independent variables) was also built in by not allowing independent variables with a correlation greater than 0.7 together in a model. A summary of these regression analyses is presented in Table 3.

Table 3

Regression Analysis Summary Indicating which Combination of Variables Contribute to the Dependent Variable Family Adaptation (FACI8)

VARIABLE	PARENTS (N = 68) p	CHILDREN (N = 35) p
<u>Family Problem Solving Communication (FPSC)</u>		
Affirming Communication	< 0.01*	excluded
<u>Family Hardiness Index (FHI)</u>		
Total FHI score	< 0.01*	< 0.01*
<u>Family Crises Oriented Personal Evaluation Scales (F-COPES)</u>		
Mobilisation	0.12	excluded
Passive appraisal	0.22	0.05*
Social Support	excluded	0.01*

*p<0.05

It follows from Table 3 that only two factors were jointly significant predictors of family adaptation (FACI8) for the parents. These factors are Affirming Communication (as measured by the Family Problem Solving Communication Scale) and the Family Hardiness Index total score. With regard to the adolescent regression analysis, three factors were jointly significant predictors of family adaptation (FACI8). These factors are Social Support (as measured by the Family Crises Oriented Personal Evaluation Scales), Passive Appraisal (as measured by the Family Crises Oriented Personal Evaluation Scales) as well as the Family Hardiness Index total score, which had the highest contribution.

DISCUSSION

The present study chiefly aimed to explore, identify and clarify certain factors, characteristics and resources (collectively referred to as resilience factors) in families who adapted well after a stressful experience, such as relocation. The primary focus

was to tap into these hidden treasures and riches operating within families, which had the potential to facilitate coping, adaptation and buoyancy in the face of relocation. Several researchers (Antonovsky, 1987; Antonovsky & Sourani, 1988; Aroian, 1990; Ben-David & Lavee, 1996; Bennett *et al.*, 1997; Hawley & De Haan, 1996; Hawley, 2000; Heath & Orthner, 1999; McCubbin & McCubbin, 1993; McCubbin *et al.*, 1996; Mederer, 1998; Sagy & Antonovsky, 1998; Shamai & Lev, 1999; Silliman, 1994; Walsh, 1993; Walsh, 1996; Walsh, 1998; Walsh, 2002) found that families with a stronger sense of attachment and/or changeability adjust better after a crisis, and reach the same or a higher level of reorganisation after the crisis period. Consequently, variables that had a significant positive correlation with family adaptation (FACI8) were identified in this study as resilience factors.

The most important recovery-enhancing resource was identified as intrafamilial emotional and practical support (see Table 1). Eighty-five percent of families indicated that support between its members created a safeguard against the after-effects of the relocation and facilitated family adaptation and adjustment. The affirmation of this recovery-enhancing resource as a resilience factor is not only confirmed by previous research (Human, 2001; Olson, 1993; Van der Merwe, 2001; Walsh, 1998) but it also enjoys theoretical support in the form of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991). The aforementioned is echoed in the results obtained on the parental and adolescent correlation coefficients (see Table 2), which identified the family's internal strengths, their ability to work together, to depend on each other, as well as their innovation and willingness to learn (as measured by the commitment and challenge sub-scales of the Family Hardiness Index) as fostering resilience. Moreover, both the parental and adolescent results showed significant correlations between adaptation and the family

unit's utilisation of their internal support-resources (as measured by the total Family Hardiness Index and the total Family Crises Oriented Personal Evaluation Scale), further implicating intrafamilial emotional and practical support as an important familial stress resistant and adaptational resource (see Table 2).

In strong contrast to previous research (Bennett *et al.*, 1997; Cornille, 1993; Drapeau *et al.*, 1999; Human, 2001) the present study's parental and adolescent results did not implicate the family's sense of being in control of family life (as measured by the control subscale of the Family Hardiness Index) as significantly recovery-enhancing. The aforementioned was supported by the parents' significant correlation coefficient obtained on passive appraisal (as measured by Family Crises Oriented Personal Evaluation Scales), results from the adolescent regression analysis (see Table 3) as well as recent research (Human, 2001; Van der Merwe, 2001). Passive appraisal implies that a family employ a passive or inactive behavioural approach toward a crisis. This could possibly be correlated with an accepting spirit (i.e. a willingness to accept the situation). Inherent to acceptance are two complementary processes, identified by Bennett *et al.* (1997) as (i) accommodation (i.e. the adaptation of desires to meet the situation) and (ii) the changing of the situation (i.e. attempts at bringing the situation in line with desires). According to the authors these coping strategies bear the potential of mediating and promoting successful psychological adaptation and integration within the new community. Evidently, the relation between passive appraisal and an accepting spirit warrants further investigation. As it stands, however, it could be postulated that parents viewed the ability to be passive as and when necessary, as recovery-enhancing and essential to family resilience.

As has been postulated, the focus of the study was on family resilience. As such no questionnaire was employed in this study to determine the contribution of individual characteristics to the occurrence and understanding of familial resilience. Nevertheless, 66% of the families identified individual characteristics, such as optimism, humour and the ability to support oneself, as recovery-enhancing to their families (see Table 1). The aforementioned was supported by research carried out by both Kemp (2000) and Walsh (1993). Future studies should, therefore, take a holistic stance, considering both individual and relational factors when studying resilience.

Both research (Ben-David & Lavee, 1996; Mederer, 1998; Walsh, 1998; Walsh, 2002) and existing theories, specifically the Beavers Systems Model, the Circumplex Model of Marital and Family Systems, the McMaster Model (Walsh, 1993) and the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991) have emphasised the supportive and adaptive value of open and honest communication and adequate economic resources (Bennett *et al.*, 1997; Mederer, 1998; Sagy & Antonovsky, 1998; Short & Johnston, 1997; Walsh, 1998). The contribution of open and honest communication to family well-being was reiterated by forty-four percent of the families in this study (see Table 1). Conversely, only a small number of families (15%) emphasised the buffering role played by economic stability. It is possible that participants did not consider these factors to be recovery-enhancing when answering the open-ended question (see Table 1). Furthermore, the role of economic resources was not quantitatively evaluated in this study through the completion of questionnaires and, therefore, the possible intrinsic resilience value of this resource could not be confirmed. In addition it could also be postulated that economic resources may not have been a significant variable in the current study, since most of the families were representative of the middle- and upper

socio-economic status groups, whereas its influence could have been more troublesome and pertinent to lower socio-economic groups. Given the cultural- and socio-economic diversity within the South African society, future studies should utilise samples encompassing a wider diversity of the heterogeneous South African population.

The parental correlation coefficients confirmed the resilience potential of affirming communication (as measured by the Family Problem Solving Index) and the overall quality of family communication (as measured by the Family Problem Solving Communication construct) (see Table 2). Consequently, the data support previous research (Ben-David & Lavee, 1996; Mederer, 1998; Van der Merwe, 2001; Walsh, 1998; Walsh, 2002) in that a pattern of family communication, which conveys support and caring and exerts a calming influence, is a significant consideration in especially parents' perceived sense of buoyancy. The aforementioned is further enhanced and supported by significant results obtained on both the parental and adolescent correlation coefficients (see Table 2) regarding the family's establishment of predictable communications between parents, children and adolescents (as measured by Parent-Child Togetherness on the Family Time and Routine Index). Moreover, affirming communication's predictive value was reiterated by the parental regression analysis (see Table 3). Therefore, it is safe to conclude that the quality of family communication determines to a measurable degree how families manage tension and strain and acquire a satisfactory level of family functioning, adjustment and adaptation.

In accordance with the Circumplex Model of Marital and Family Systems (Walsh, 1993), the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991) and previous research (Antonovsky, 1987;

Antonovsky & Sourani, 1988; Aroian, 1990; Ben-David & Lavee, 1996; Bennett *et al.*, 1997; Hawley & De Haan, 1996; Hawley, 2000; Heath & Orthner, 1999; McCubbin & McCubbin, 1993; McCubbin *et al.*, 1996; Mederer, 1998; Sagy & Antonovsky, 1998; Shamai & Lev, 1999; Silliman, 1994; Walsh, 1993; Walsh, 1996; Walsh, 1998; Walsh, 2002) the qualitative analysis revealed a family's sense of cohesion as a relatively important internal familial resilience variable, as reported by 41% of the responding families (see Table 1). This implies a strong sense of togetherness and teamwork as important aids in strengthening the familial relationship and coping abilities. This sense of togetherness, solidarity and collaboration is equivalent to the concept of "intrafamilial agreement" which, according to Reiss and Oliveri (quoted in Ben-David & Lavee, 1996), should be the hallmark coping style of the adaptive family. The facet of cohesion was, however, not measured quantitatively, which warrants further investigation.

Results pertaining to the resiliency merit of family rituals and participation in house chores were discrepant. According to the qualitative data, the maintenance of family rituals and participation in house chores was identified as a recovery-enhancing agent by only 28% of the participants (see Table 1). Again, it is possible that participants did not consider this factor to be recovery-enhancing when answering the open-ended question. Nevertheless, this construct was quantitatively evaluated in the study, which confirmed its resiliency potential. Furthermore, it is supported by similar findings in previous studies (Ben-David & Lavee, 1996; Cornille & Brotherton, 1993; Hawley & De Haan, 1996; Hochschild, 1997; McCubbin & McCubbin, 1993; Mederer, 1998; Settles, 1993; Silberberg, 2001; Walsh, 1998). Parents significantly acknowledged the importance of family routines adopted and practiced (as an attempt at promoting child/teen's autonomy and order) as well as

family time together (both measured by the Family Time and Routine Index) as relatively reliable indices of family integration and stability, which include effective ways of meeting common problems and the ability to handle major crises.

The evaluation of social support as a buffering mechanism revealed interesting results. According to the qualitative data analysis, social support was rated the most valuable external resource, with 72% of the responding families signifying its recovery-enhancing properties (see Table 1). This is in strong agreement with previous research (Bennett *et al.*, 1997; Berlin *et al.*, 2000; Cornille, 1993; Cornille & Brotherton, 1993; Garvin *et al.*, 1993; Gordon Rouse *et al.*, 2000; Human, 2001; Jurich *et al.*, 1993; Kemp, 2000; Rutter, 1987; Settles, 1993; Silberberg, 2001; Toliver, 1993; Van Breda, 1988; Van der Merwe, 2001; Walsh, 1998) and existing theories (i.e., the Resiliency Model of Family Stress, Adjustment and Adaptation) which designates the presence of a support system (whether formal or informal) as a significant factor in the prevention and amelioration of functional problems, implicating it as one of the most significant predictors of successful adaptation (McCubbin & Thompson, 1991). The quantitative analysis of the adolescents' data largely concurred with the aforementioned results. Significant positive correlations for the adolescents were found between adaptation and familial utilisation of relative and friend support (as measured by Relative and Friend Support Scale and social support on the Family Crises Oriented Personal Evaluation Scale) (see Table 2). Therefore, the results reflect the degree to which adolescents perceive familial utilisation of relative and friend support as pivotal in the development and expansion of the family's stress-management repertoire. A possible explanation lies in the consideration of the adolescents' developmental stage, characterised by,

amongst others, a greater focus and importance placed on interpersonal contact outside of the family relations (Louw, Van Ede, & Louw, 1998).

In contrast, the quantitative parental data yielded largely insignificant correlations between adaptation and social support. This is backed up by a lack of significant correlation coefficients with reference to the family's ability to actively engage in acquiring community resources (as measured by mobilisation on the Family Crises Oriented Personal Evaluation Scales) and support from relatives, friends, neighbours and extended family (as measured by the Relative and Friend Support and social support on the Family Crises Oriented Personal Evaluation Scales) (see Table 1). Moreover, Lev-Wiesel (1999) and Shamai and Lev (1999) suggested that the quality of the marital relationship could also be considered as a coping resource, since marriage is a social network in which one expects to receive support from his/her partner. Wamboldt *et al.* (quoted in Lev-Wiesel, 1999) expanded on the aforesaid and found that spouses' coping abilities were crucial to the adjustment of the entire family before and after the relocation. There are, however, contradictory findings regarding the significance of this particular social network, as was the case with the present study. The families' emphasis on establishing predictable routines to promote communication between couples (as measured by couple's togetherness on the Family Time and Routine Index) produced largely insignificant results (see Table 2). The latter was supported qualitatively, with only 10% of families implicating the quality of the couple's relationship as a significant internal resilience-enhancing resource.

Related to the concept of social support, is that of career and community based social support (i.e. formal support), both deemed important family resilience factors in the literature (McCubbin *et al.*, 1996; Van der Merwe, 2001). Career (e.g.

job, school and colleagues) was rated an important external resource by 35% of the participating families, listing it as a source of community connection and essential support (see Table 1). This aspect was, however, not measured quantitatively. With regard to community based social support on the other hand, only the adolescent sample identified emotional, esteem and network support from the community as a plausible resilience factor (see Table 2, Social Support Index). In addition, no more than 13% of the families identified community support as resilience-enhancing, with a mere 4% of families recognising professional support (e.g. psychologists, clergy, etc. in the community) as recovery-enhancing (see Table 1). These results (i.e., social support and community-based social support) should be viewed against the high value placed on intrafamilial support and religion and spirituality. Furthermore it is probable that the importance of social support could have been downplayed, because of modern communication systems mediating contact between significant others, despite their geographical separation (Mederer, 1998; Toliver, 1993). Be it as it may, the results reflect to a measurable degree the families' reluctance in the acquisition and use of help from outside the familial parameters (especially from unfamiliar sources/institutions). This reflects to a large extent the isolated nature of the nuclear (as opposed to extended) familial configuration within the South African society. According to Steyn (quoted in Louw *et al.*, 1998) the South African prevalence of this specific type of familial configuration is estimated at 54,8%. Given the aforesaid, it needs to be borne in mind that, according to Walsh (1998) and Munton and Reynolds (1995), the nature of the relationships within a family is more important than the family structure when facing crises, implying that family structure is not a predictor of effective adjustment following relocation. Conversely, the results

also echo the possible inaccessibility (either financially or logistically) of community-based and professional resources, necessitating the revision of service provision.

A notable discrepancy regarding the acquired qualitative and quantitative results, as well as preceding research, was observed with regard to religion and spirituality. Religion and spirituality was qualitatively rated high as an important stress buffering external resource, with 59% of families (see Table 1) signifying its intrinsic resiliency value. These results mirror a large volume of previous research (Angell *et al.*, 1998; Beavers & Hampson, 1990; Ben-David & Lavee, 1996; Human, 2001; Park & Cohen, 1992; Parrot, 1999; Reed & Sherkat, 1992; Shamai & Lev, 1999; Smith, 1999; Toliver, 1993; Van der Merwe, 2001; Walsh, 1993; Walsh, 1998; Walsh, 2002). While the aforesaid implies the importance of religious and spiritual beliefs in the provision of meaning and purpose in times of crisis, the importance of this factor was not confirmed by the results obtained from the specified subscale, gauging the factor under consideration (i.e. spiritual and religious support). This aspect, as measured by the Family Crises Oriented Personal Evaluation Scales, revealed relative insignificant parental and adolescent statistics (see Table 2). This discrepancy of results within the same study could possibly be attributed to the phrasing of the questions, and/or the difference in the scoring procedure of the subjective open-ended question and the questionnaire, and/or the use of one subscale in measuring the particular factor. Given the inconclusive results pertaining to the recovery-enhancing potential of religion and spirituality, it is in need of a more extensive investigation.

The aspect of environmental characteristics (defined as familiarity with and knowledge regarding the environmental characteristics, including safety and security, shared values and culture) was not measured quantitatively. The qualitative analysis however, revealed that 34% of families regarded this feature as a valuable familial

resilience factor. This “familiarity” relates to what Kemp (2000) labels as “expectations” and Toliver (1993) identifies as “perceptions”. The concept of familiarity imply that (i) previous experience, (ii) perceptions of friends and family and finally, (iii) what has been heard or read about relocating to a specific area (Toliver, 1993) has a direct effect on familial adjustment to relocation. The latter enjoys theoretical support in the form of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991). The aforesaid stresses the importance of allowing sufficient preparation in order to reduce the element of surprise when confronted with a move (Cornille, 1993).

In contrast with research conducted by Bennett *et al.* (1997), Heath and Orthner (1999) and Sagy and Antonovsky (1998), parental qualification had no bearing on familial adaptation (FACI8). Moreover, the results indicate that the number of years the couple was married prior to the relocation, familial income and the number of children in the family did not indicate a significant relationship with the adaptation and adjustment of the family unit (see Table 2). On the other hand, interestingly enough, the adolescents’ quantitative analysis revealed parental age, as well as the firstborn’s age, as significant resilience indicators (see Table 2). The correlations indicated that as the parental and firstborn’s age increased, adaptation decreased. The family life cycle, described by Berger, Duvall, Papalia and Olds, as well as Steyn and Breedts (Louw *et al.*, 1998) denotes parents’ encouragement of the independence of the adolescent. This is generally accompanied by greater strain and tension within the family unit, which has a direct bearing on familial cohesion. The aforementioned thus provides a possible explanation for adolescents’ experience of decreased familial adaptation as parents grow older. These results prove significant with regard to the formulation of inclusion criteria for future studies.

The results from the regression analysis (see Table 3) indicated which combination of variables contributed to family adaptation in the face of relocation. Although a limited number of predictive variables were identified, the results reflect to a large extent the results obtained from the Pearson correlation coefficients. The only dissimilarity was that the adolescent regression analysis identified passive appraisal as an important amalgamatory predictor of family adaptation, although on its own, it did not significantly correlate with family adaptation (attachment and changeability) (see Table 2). It follows that only two factors were jointly significant predictors of family adaptation for the parents. This implied a pattern of family communication, which conveyed support and caring (as measured by the Family Problem Solving Communication Scale) and the family unit's utilisation of their internal support-resources (as measured by the Family Hardiness Index total score) as important predictors of family adaptation (FACI8). With regard to the adolescent regression analysis, three factors were jointly significant predictors of family adaptation. These factors included the family's ability to actively engage in acquiring support from relatives, friends, neighbours and extended family (as measured by social support on the Family Crises Oriented Personal Evaluation Scales), the family unit's utilisation of their internal support-resources (as measured by the Family Hardiness Index total score) and the family's ability to accept problematic issues (as measured by passive appraisal on the Family Crises Oriented Personal Evaluation Scales) as important predictors of family adaptation. This data could be applied to future research, with the intention of extrapolating its valuable predictive contribution.

All things considered, the quantitative and qualitative findings of this study were not disappointing, signifying an assortment of distinct familial resilience factors. The results indicate that the family's potential to meet the demands of stressors and

strains is determined by a combination of factors, some of which are already in existence and available, and others which are developed, strengthened or managed by means of the family's coping behaviours (McCubbin & Thompson, 1991; Patterson, 1988). The recovery-enhancing resources fostering family adaptation include: (i) traits and abilities of individual family members, such as optimism, humour, and the ability to support oneself; (ii) the family system's internal resources and support, such as cohesion, affirming communication (problem-solving ability) and management of resources; (iii) familial integration and stability, fostered by family time together and routines, (iv) the family unit's utilisation of their internal strengths and durability to manage problems outside of its boundaries, (v) social support, involving network and esteem support of being loved and cared for, as well as (vi) a passive appraisal coping style amidst the crises. These proved to be key factors in mitigating the effects of stressors and demands, and facilitating adjustment and adaptation over time.

Implications

On the basis of the findings, questions arise for therapists, social workers, educators and community workers: Who are the families most in need of help? What kind of help is needed? And how best could this help be afforded to families in need? According to Shamai and Lev (1999) interventions related to normal family processes are more attractive, probably because they facilitate the maintenance of regular daily life. Family life education, family enrichment programs, and marriage and family counselling could all be directed toward the goal of reinforcing the family as the critical unit in mitigating the stresses and strains of modern life, providing stability in a world of change. Planning interventions that focus on these normal family processes may be an effective way to approach these families.

Resilience-based family interventions could be adapted to a variety of formats including periodic family consultations or more intensive family therapy (Walsh, 2002). Family therapy has the potential to provide a context for relocated families to regroup and harness their resilience-capacities. The therapeutic relationship has become more collaborative and empowering of client potential, recognising that successful interventions depend more on tapping into family resources and resilience than on therapists' techniques. Assessment and intervention are redirected from how problems came about, to how they could be resolved, identifying and amplifying existing and potential competencies (Rolland, 1994). This positive, future-orientated stance focuses on bringing to the fore the best circumstances to enhance functioning and well-being (Walsh, 2002).

According to Cornille and Brotherton (1993), therapy should explore the values the family brought with them to the new location, in addition to providing a safe environment allowing exploration of alternative values. This process assists the family in constructing an altered family identity, more suited to their new context. This "renewed" identity consists of a conglomeration of values retained from the old culture and an incorporation of values from the new culture. This process assists the family in abandoning rigid patterns impeding growth, in addition to adopting ones fostering both individual and family growth (Cornille & Brotherton, 1993). Furthermore, the present study also demonstrated the importance of allowing sufficient preparation in order to reduce the element of surprise when confronted with a move (Cornille, 1993). An excellent first step is some intrafamilial discussion about the reasons for the move and visiting the new location beforehand. Service provision could only be successful if and when it is accessible and utilised. Results from the

study echo the possible inaccessibility (either financially or logistically) of community-based and professional resources, necessitating the revision of service provision.

The study of how families maintain resilience provides an excellent potential for improving efforts in primary prevention and clinical intervention. It should be noted that the learning curve is bidirectional. Although it is less well established as an area of investigation, theoretical advances and research findings in family resilience may also contribute to growth in the study of individual resilience (Hawley & De Haan, 1996).

Critique

The integration of the quantitative and qualitative results suggests several avenues for future research. Given the inconclusive results pertaining to the recovery-enhancing potential of religion and spirituality, cohesion, economic resources and individual characteristics, these warrant a more extensive investigation. Future studies should also pay heed to the notable results regarding certain key demographic variables (as highlighted by the study) which prove significant with regard to the formulation of inclusion criteria. The results from the regression analysis (see Table 3) specified which combination of variables contributed to family adaptation in the face of relocation. This data could be applied to future research, with of the intention of extrapolating its valuable predictive contribution.

According to Arditti (1999) and Walsh (2002) methodological innovation is needed, which is sensitive to diverse experiences, as well as complex aspects of relationships. While it is possible to capture complexity utilising advanced quantitative applications, qualitative methods hold particular promise by not imposing the typical conceptual constraints inherent in pre-constructed measures, which is the basis of construct operationalisation in quantitative analyses. Furthermore, Walsh (2002) is of

the opinion that most empirical measures have been standardised on White, middle-class, intact families who are not under stress. Qualitative methods, on the contrary, are designed to explore questions about meaning and process and yield results, which are multi-layered and descriptive (Ambert, Adler, Adler and Detzner, quoted in Arditti, 1999). Thus, in light of the above, the present study's strengths include its incorporation of a qualitative aspect, which provided some rich description and lent itself to understanding the meanings of events from the perspective of the participants, as well as process components of relationships. Such information has the potential to provide crucial insights that comparative studies utilising more traditional designs often overlook. More qualitative research pertaining to family resilience is certainly indicated.

A limitation of this study is that the utilised sample represents only a small sector of the heterogeneous South African population, with most of the research conducted within the Cape Metropole and most of the families being representative of the middle socio-economic status group. Both Smith (1999) and McCubbin *et al.* (1996) assert that family resilience could differ with regard to the cultural context of each family. The results, therefore, have a restricted generalising value. Given the cultural- and socio-economic diversity within South African society, future studies should utilise samples encompassing a wider diversity of the heterogeneous South African population. Furthermore, in a number of instances differences in parental and adolescent identified resiliency factors were obtained, supporting existing theories and previous research on resilience (McCubbin *et al.*, 1996; Vercruysse & Chandler, 1992). Although beyond the scope of the current study, the aforesaid unfold possibilities for comparative studies.

Because of the comparatively high cost of investigation, research on families is frequently merely a cross sectional snapshot of family life. According to Hawley and De Haan (1996) and Settles (1993) longitudinal designs, which capture family processes at multiple points of time, are better suited for evaluating resilience than cross-sectional research designs. The authors advocate the recognition of time and development factors and emphasise resilience as a developmental process, rather than a static entity. Therefore, a program of research encompassing a more longitudinal focus on the consideration of family stresses and strengths in order to maximise intervention effectiveness would be a welcome contribution to this area.

Finally, Walsh (1993) warns that too often clinicians assume that family distress and differences from the norm are pathological. Furthermore, family typologies tend to be static and acontextual, not attending to a family's emerging challenges over time and in social context (Walsh, 2002). The unique contextual challenges that South African families face, embedded within an extraordinary social, economic and political climate, have called on unique familial adaptation. Viewing these families merely as pathological, would be especially reductionist and limiting. Consequently, to guard against the marginalisation of South African families and the adaptations they have made, the integration of flexibility, careful research consideration and a salutogenic perspective on South African families, are imperative.

Conclusion

The study had a vision beyond seeing relocation as a mere happening against the canvas of life. It intended to filter through the process that is relocation, so as to distil those elements relating to resilience. It builds on the existing literature by providing valuable insights into the recovery factors by South African families. In so doing, it moves the field beyond relocated versus non-relocated comparisons to a place of

considering differences in the experience of relocation and resilience at the level of the family. Through the extrapolation and validation of resilience variables, the salutogenic perspective is affirmed and extended. It provides a working alternative to the traditionalist medical model characterised by a pathological, reductionist view of families. Instead, it epitomises potential and the opening up of possibilities, while at the same time embracing flexibility, adaptability and different ways of being.

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Appendix A

The Resiliency Model of Family Stress, Adjustment and Adaptation

(McCubbin & Thompson, 1991)

